



COMMONWEALTH OF VIRGINIA
DEPARTMENT OF MINES, MINERALS AND ENERGY
DIVISION OF MINERAL MINING
900 NATURAL RESOURCES DRIVE
POST OFFICE BOX 3727
CHARLOTTESVILLE, VIRGINIA 22903
(434) 951-6310

INSPECTION REPORT

NAME AND ADDRESS OF PERMITTEE: _____ PERMIT NUMBER: _____
LOCATION: _____
TYPE OF MINING ACTIVITY: _____
OPERATION STATUS: _____ COUNTY: _____
MSHA NO.: _____ COMPLAINT NO.: _____
PURPOSE OF INSPECTION: RG RS RI RR EF IN FI OA BC OC SS SR II TR RK ET
TELEPHONE: _____ OFFICE: _____ MINE: _____
MINE NAME: _____ MINERAL PRODUCED: _____ NO. OF EMPLOYEES _____
DMM CERTIFIED FOREMAN: _____ SSN: _____
ACREAGE - PERMITTED: _____ DISTURBED: _____ BONDED: _____
ANNIVERSARY DATE: _____ LAST REGULAR INSPECTION: _____
NO. OF LAST NOTICE: _____ DATE: _____ NO. OF LAST ORDER: _____ DATE: _____
NUMBER OF ACCIDENTS SINCE LAST INSPECTION: _____ YEAR TO DATE: _____
INSPECTOR ACCOMPANIED BY: _____

() SATISFACTORY; (N) NOT APPLICABLE; (X) UNSATISFACTORY () NOT INSPECTED

DURING THE INSPECTION OF THIS MINE, THE FOLLOWING ITEMS OR CONDITIONS WERE INSPECTED OR EVALUATED:

SAFETY REGULATIONS

Shift () 1st () 2nd () 3rd
() Part I Gen. Administrative Provisions
() Part II General Safety Provisions
() Part III Ground Control
() Part IV Fire Prevention
() Part V Air Quality and Physical Agents
() Part VI Explosives
() Part VII Drilling
() Part VIII Compressed Air, Gases & Boilers
() Part IX Mobile Equipment
() Part X Personal Protection
() Part XI Travelways
() Part XII Electricity
() Part XIII Materials Handling

() Part XIV Guards
() Part XV Underground Only
() Part XVI Miscellaneous

RECLAMATION REGULATIONS

() Part II General
() Part III Requirements for
Permits & Exemptions
() Part IV Map Requirements
() Part V Permit Renewal &
Surety Adjustments
() Part VI Roads
() Part VII Operation/Reclamation
Plan
() Part VIII Drainage & Sediment
Control
() Part IX Revegetation

Check Records: MSHA Inspections (); Pre-Shift Exam (); On-Shift Exam ();
Daily Inspections (); Weekly Exams (); Blasting Log (); Accident (); Hours: _____

Partial list of employees contacted in work area _____

COMMENTS / RECOMMENDATIONS: _____

COPY OF REPORT: (GIVEN TO) (MAILED TO): _____

DATE: _____ INSPECTOR: _____ TOTAL HOURS: _____

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